CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commi 00051273 | | 2 Total pages f | iled: 14 |
|-------------------------|---------------------------|-------------------|---|--------------------|---------------------|--------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Jodie A. | | | Date Received | |
| 10 101 | | | | | ELECTRONIC | ALL V EIL ED |
| | | | | | 01/14/2025 | ALLI FILLD |
| | NICKNAME | LAST | | SUFFIX | 01/14/2025 | |
| | | Laubenberg | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; AF | PT / SUITE #; CIT | Y; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER MAILING | 2941 Rosefield Dr | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Houston, TX 77080 | | | | | |
| Ш ' | 110001011, 177 17000 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | <u> </u> | |
| TREASURER | Mrs. | Dixie | | IVII | | |
| NAME | IVII 5. | Dixie | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Jeffers | | | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO P | O BOX PLEASE); | AP ⁻ | T / SUITE #; CITY; | ST | ATE; ZIP CODE |
| ADDRESS | 8226 Teal Ln. | | | | | |
| (Residence or Business) | | | | | | |
| , | Lavon, TX 75166 | | | | | |
| | | | | | | |
| Z CAMBAION | ADEA CODE DU | | VTENCION | | | |
| 7 CAMPAIGN TREASURER | | ONE NUMBER E | EXTENSION | | | |
| PHONE | (469) 307-3983 | | | | | |
| 8 REPORT | | | | | | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after ca | ampaign treasurer |
| | A samaary 25 | | 5.552.5. | L | appointment (off | |
| | July 15 | 8th day before 6 | election | Exceeded modified | Final Report (Att | ach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | ſ | | Month Day | Year | |
| COVERED | 07/01/2024 | TH | IROUGH | 12/31/202 | 24 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | ſ Pi | rimary | Runoff | Other | |
| | | │ □G | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| 11 011102 | State Representative Di | strict 89 Collin | | Legacy Only | (ii kilowii) | |
| | | J. 101 00 00 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

| 13 C / OH NAME | Laubenberg, Jodie A | . (The Honorable) | | 14 Filer ID 00051273 | (Ethics Com | mission Filers) | |
|--|--|--------------------|--|--------------------------|--------------|-----------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expenditus may have been made without equired to report this information | the candidate's or offic | eholder's kn | owledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAM | ИE | | | | |
| | GENERAL | COMMITTEE ADD | NDECC | | | | |
| | SPECIFIC | COMMITTEE ADL | JKE33 | | | | |
| | | | | | | | |
| | | COMMITTEE CAN | MPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAN | MPAIGN TREASURER ADDRES | SS | | | |
| | | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE | | \$ | 0.00 | |
| 2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, | | | NS , OR GUARANTEES OF LOANS | 5) | \$ | 0.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ | 0.00 | | |
| | 4. TOTAL POLITIC | ICAL EXPENDITURES | | \$ | 7,701.00 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THE L | AST DAY OF THE | \$ | 133,191.52 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | LL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 | |
| 17 AFFIDAVIT | | | | | _ | | |
| | | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | |
| | | | The Honora | ble Jodie A. Lauben | berg | | |
| | | | Signature of | Candidate or Officeho | lder | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | | |
| | Sworn to and subscribed before me, by the said, this the | | | | day | | |
| of | of, 20, to certify which, witness my hand and seal of office. | | | | | | |
| Signature of office | Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 14

| | | | | 3 01 14 | |
|--|--|----------|----|-----------|--|
| 18 FILER NAME19 Filer ID(Ethics CommissionLaubenberg, Jodie A. (The Honorable)00051273 | | | | | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | AL AMOUNT | |
| 1. X S | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 2. X S | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 3. X S | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | |
| 4. X S | SCHEDULE E: LOANS | | \$ | 0.00 | |
| 5. X S | 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | 7,701.00 | |
| 6. X S | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 7. X S | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | |
| 8. X S | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | |
| 9. X S | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 | |
| 10. S | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | |
| 11. S | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | |
| | | | - | | |

| PLE | OGED CONTRIBU | TIONS | | | SCHEDULE | : B |
|---------------|---|----------------------|----------------------|----------|---|-----------|
| T | he Instruction Guide exp | plains how to comp | lete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 4/14 | |
| 2 FILER N | | 2) | | 3 | Filer ID (Ethics Commission Filers) 00051273 | |
| <u></u> | aubenberg, Jodie A. (The Honorable) OTAL OF UNITEMIZED PLEDGES Date 6 Full name of pledgor | | | + | \$ | 0.00 |
| 5 Date | | | #: | _) 8 | Amount of 9 In-kind description | 1 |
| | 7 Pledgor Address; | City; State; Zip Cod | de | | pledge (\$) (If applicable) | |
| | | | | | Check if travel outside of Texas. Complete So | chedule T |
| 10 Principal | occupation / Job title (See Instru | ictions) | 11 Employer (See In: | structio | ons) | |
| | | | | | | |
| | | | | | | |

| | LOANS | | | | | | SCH | EDULE E | |
|----|---|-----------------------------------|-----------------|---------------------|---------------|-----------------|------------------------------------|---------------|----|
| | The Instruction Guide explains how to complete this form. | | | | 1 | | ges Schedule E: L Rpt: 5/14 | ; | |
| 2 | FILER NAME Laubenberg, Joo | die A. (The Honorable) | | | 3 | Filer ID 000512 | (Ethics Commi | ssion Filers) | |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | | \$ | 0. | 00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Amou | nt (\$) | |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Rat | | |
| | | | | | | | 11 Maturity Da | te | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See In | nstructions) | | | | |
| 14 | Description of Coll | ateral | | 15 Check if persona | Il funds were | deposited | into political acc (See Instruc | | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Gu | aranteed (\$) | |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See In | nstructions) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: Sch: 1/9 Rpt: 6/14 | 2 FILER NAME Laubenberg, Jodie A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051273 |
| 4 | Date 07/25/2024 | 5 Payee name ACLJ |
| 6 | Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code P.O. Box 90555 Washington DC, DC 20090-0555 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political legal support |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 07/15/2024 | Payee name Bible League |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1 Bible League Plaza Crete, IL 60417 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 07/01/2024 | Payee name Fifth Ward Pregnancy Center |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 743 Shotwell |
| | | Houston, TX 77020 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Crisis pregnancy support |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 2/9 Rpt: 7/14 | Laubenberg, Jodie A. (The Honorable) 00051273 |
| 4 | Date | 5 Payee name |
| | 08/01/2024 | Fifth Ward Pregnancy Center |
| 6 | Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 743 Shotwell Houston, TX 77020 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| ľ | OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| | EXPENDITURE | Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Crisis pregnancy support |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 09/01/2024 | Fifth Ward Pregnancy Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 743 Shotwell |
| | | |
| | | Houston, TX 77020 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Crisis pregnancy support |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 10/01/2024 | Fifth Ward Pregnancy Center |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 743 Shotwell |
| | 4200.00 | |
| | | Houston, TX 77020 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | ZA ZHOHOKZ | Candidate/Officeholder/Political Committee |
| | | Crisis pregnancy support |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
Rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Cabadula F1: | 1 |
| 1 | Total pages Schedule F1: Sch: 3/9 Rpt: 8/14 | 2 FILER NAME Laubenberg, Jodie A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051273 |
| 4 | · | |
| 4 | Date | 5 Payee name |
| | 11/01/2024 | Fifth Ward Pregnancy Center |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 743 Shotwell |
| | | |
| | | Houston, TX 77020 |
| | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Crisis pregnancy support |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 12/01/2024 | Fifth Ward Pregnancy Center |
| | | |
| | Amount (\$) | |
| | \$100.00 | 743 Shotwell |
| | | |
| | | Houston, TX 77020 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | | Crisis pregnancy support |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| L | 07/05/2024 | Grace Community Church |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 1021 Campbell Rd |
| | | |
| | | Houston, TX 77055 |
| | DUDDOCT | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee |
| | | Continuation |
| _ | 0 1. 5 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to beliefft C/OI | · |
| | | |
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| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | |
| | Sch: 4/9 Rpt: 9/14 | Laubenberg, Jodie A. (The Honorable) 00051273 |
| 4 | Date | 5 Payee name |
| | 08/01/2024 | Grace Community Church |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$800.00 | 1021 Campbell Rd |
| | | |
| | | Houston, TX 77055 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Contribution |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 09/04/2024 | Grace Community Church |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 1021 Campbell Rd |
| | φοσο.σσ | 1021 Sampson Na |
| | | Houston, TX 77055 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee |
| | | Candidate/Officeholder/Political Committee |
| | | Solidibadoli |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 10/05/2024 | Grace Community Church |
| | | · |
| | Amount (\$) \$800.00 | Payee address; City; State; Zip Code 1021 Campbell Rd |
| | φουυ.υυ | 1021 Campbell Ru |
| | | Houston, TX 77055 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | EXI ENDITORE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | | Contribution |
| | Operation ONLY if allowed | Out til det (Office helden name |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 5/9 Rpt: 10/14 | Laubenberg, Jodie A. (The Honorable) 00051273 |
| 4 | Date | 5 Payee name |
| | 11/01/2024 | Grace Community Church |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$800.00 | 1021 Campbell Rd |
| | | |
| | | Houston, TX 77055 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Contribution |
| _ | 0 1: 01:11/11/11 | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| H | Date | Payee name |
| | 11/20/2024 | Grace Community Church |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1021 Campbell Rd |
| | Ψ300.00 | 1021 Campbell Nu |
| | | Houston, TX 77055 |
| | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Contribution |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 12/01/2024 | Grace Community Church |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$800.00 | 1021 Campbell Rd |
| | | |
| | | Houston, TX 77055 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Cantilous Check if Austin, TX, officeholder living expense |
| | | Contribution |
| L | Complete ONLY if direct | Candidate/Officeholder name Office county |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | · | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| _ | T. 1 0 1 1 54 | |
| 1 | Total pages Schedule F1: Sch: 6/9 Rpt: 11/14 | 2 FILER NAME Laubenberg, Jodie A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00051273 |
| 4 | Date | 5 Payee name |
| | 12/15/2024 | Grace Community Church |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 1021 Campbell Rd |
| | | |
| | | Houston, TX 77055 |
| | | Houston, 1 × 17000 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By |
| | - | Candidate/Officeholder/Political Committee |
| | | Contribution |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 12/30/2024 | Mercury1.org |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$515.00 | P.O.Box 140489 |
| | | |
| | | Irving, TX 75014 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | Disaster relief |
| | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| | 07/10/2024 | Rescued Pets Movement |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$51.75 | 2317 W. 34th St. |
| | | |
| | | Houston, TX 77018 |
| | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee |
| | | Allillai lescue |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form | | OTHER (enter | a category not listed above) | |
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| 1 | Total pages Cahadula F1: | · | | Filer ID | (Ethics Commission Filers | <u>,,</u> |
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| | Sch: 7/9 Rpt: 12/14 | Laubenberg, Jodie A. (The Honorable) | | 00051273 | | |
| 4 | Date | 5 Payee name | | | | |
| | 08/10/2024 | Rescued Pets Movement | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$51.75 | 2317 W. 34th St. | | | | |
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| | | Houston, TX 77018 | | | | |
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| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | | | | |
| | EXPENDITURE | Contributions Ponditions Wade By | | tside of Texas. Co X, officeholder livii | mplete Schedule T. | |
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| _ | Commission ONII V if direct | Constitute (Office helder neme | | Office | - ald | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committ Credit Card Payment | Gift/Awards/Memorials Expense Printing Ex ttee Legal Services Salaries/M | pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed ab | ove) | | | | | |
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| | aubenberg, Jodie A. (The Honorable) | 00051273 | | | | | | |
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| 8 PURPOSE (a) Ca | ategory (See Categories listed at the top of this schedule) | (b) Description | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Services The Instruction Gui | | /Wage | es/Contract Labor | | OTHER (enter a | istrict a category not listed above) |
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| 4 | Date | 5 | Payee name | | | | | | | |
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| 8 | PURPOSE | (a) | Category (Se | e Categories listed at the | e top of this schedule) | (b) | Description | | | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | nplete Schedule T. | | |
| | EXPENDITURE | | | Officeholder/Polit | | | Check if Austin, | , TX, | officeholder livin | g expense |
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